

GRANT OFFICE USE ONLY

Notification to ITS:

Initials:

GRANT AWARD APPROVAL FORM

1. Official Name of Grant Program:		Date of SBE approval of grant criteria 11/05/98	
2002 - 2003 (years)	State Improvement Grant (SIG) (title)	<input type="checkbox"/> Initial (type)	<input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Continuation
Legislation Authorizing this Grant Program: P.L. 105-17 Individuals with Disabilities Education Act (IDEA)			
<input checked="" type="checkbox"/> Federal Grant CFDA Number 84.323A		<input type="checkbox"/> State Grant	<input type="checkbox"/> Other (Private, Foundation)
2. Type and Purpose of Grant Program: (check one) The purpose of the SIG is improving student performance through personnel development by addressing the key elements of learning and skill building for educators and other practitioners involved with the education of students with disabilities. The SIG systemically coordinates the flow of information from its initial development, through awareness and dissemination activities, to sustained learning in strategies to improve student performance, and implementation of strategies to support local capacity building.		<input checked="" type="checkbox"/> Competitive <input type="checkbox"/> Formula <input type="checkbox"/> Other (specify) _____	
3. SBE Priorities and Policies that this Grant Program Supports: (check all that apply)			
<u>Priorities</u>		<u>Policies</u>	
<input checked="" type="checkbox"/> Integrating Communities and Schools		<input checked="" type="checkbox"/> Bullying	
<input checked="" type="checkbox"/> Elevating Educational Leadership		<input type="checkbox"/> Character Education	
<input checked="" type="checkbox"/> Embracing the Information Age		<input checked="" type="checkbox"/> Creating Effective Learning Environments	
<input type="checkbox"/> Ensuring Early Childhood Literacy		<input checked="" type="checkbox"/> Family Involvement	
<input checked="" type="checkbox"/> Ensuring Excellent Educators		<input type="checkbox"/> Safe Schools	
		<input type="checkbox"/> Other (specify) _____	
4. Grant Categories (if not described in item 2): <input checked="" type="checkbox"/> NOT APPLICABLE			
5. Target Population to be Served by Grant: The primary population is students with disabilities and those who are involved in their education.			
6. Total Funds Awarded: Grant Funds Available: \$1,320,000 Grant Funds Previously Expended: \$1,173,346 Current Award: \$146,654			
7. Eligible Applicants: Existing grantee: Marquette-Alger Regional Educational Service Agency			
8. Description of Priorities Given to Any Specific Population or Location: <input type="checkbox"/> NOT APPLICABLE The primary population is students with disabilities and those who are involved in their education.			
9. Grant Administration:			
<u>Office</u> Office of Special Education and Early Intervention Services	<u>Unit</u> Finance and Program Management	<u>Contact</u> Carol Regnier	<u>Phone</u> (517) 373-2949

10. OFFICE

Office Director Approval Signature: *[Signature]*

Date: 9.5.02

Phone: _____

Comments: _____

11. BUDGET OFFICE

Budget Office Approval Signature: N/A

Date: _____

Comments: _____

12. GRANTS OFFICE

Grants Office Approval Signature: *Mary Ann Chertel*

Date: 9-10-02

Comments: Exhibits B + C not required

13. DEPUTY SUPERINTENDENT

Deputy Superintendent Approval Signature: *[Signature]*

Date: 9-25-02

Comments: _____

14. SUPERINTENDENT

Superintendent Approval Signature: *Tom Jalko*

Date: _____

Comments: _____

INSTRUCTIONS:

- A. Complete items 1-10 on this form. The Grants Administration Unit will facilitate completion of items 11-14.
- B. Attach three (3) sets of Exhibits A, B, and C.
Exhibit A—List of applicants (alphabetical order) recommended for funding, the amount requested, the amount recommended, and a three to five sentence abstract of the proposal.
Exhibit B—List of applicants (alphabetical order) not recommended for funding and the amount each requested.
Exhibit C—Map of Michigan indicating the location of recommended applicants.
- C. Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.
- D. Transmit Grant Award Approval Form (pink), attachments, and letters to the Grant Administration Unit.

EXHIBIT A
State Improvement Grant (SIG)

Additional funds are being awarded to the Marquette-Alger Regional Educational Service Agency to allow the continuation of ongoing State Improvement activities through January 31, 2003. Also, this allows the Office of Special Education and Early Intervention Services to fully utilize the State Improvement Grant year three funds, \$1,320,000, prior to their expiration, January 31, 2003.

Marquette-Alger Regional Educational Service Agency

\$146,654